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. ysa-	~ ~	PPLICATIO	N FEE DI	D Application or Docket Number 8403.635									
OCT 1	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
FOR	TO SOFT THE STATE OF THE STATE	NUMBI	NUMBER FILED			NUMBER EXTRA			FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							\$ 0	OR		\$ 770			
	AL CLAIMS CFR 1.16(c))	27	minus 20 =		* 7		x \$_	9 =	0	OR	x \$ 18 =	126	
	EPENDENT CLA CFR 1.16(b))	IMS 2	minus 3 =		* 0		x <u>4</u>	3_=	0	OR	x <u>86</u> =	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0						+ 1	40 =	0	OR	+ 280 =	0		
* If the difference in column 1 is less then zero, enter "0" in column 2								TAL	0	OR	TOTAL	896	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ALL :	ENTITY	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R.A	ATE	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* 21	Minus	** 27		= 0	x \$_	9_=	0		x \$ <u>18</u> =	0	
	Independent (37 CFR 1.16(b))	* 1	Minus	*** 3	=	= 0	x 4:		0		x <u>86</u> =	0	
	FIRST PRESENTATION OF MULTIPLE D			PENDENT CLAIM (37 CFR 1.16(d))			+ 14	10 =	0	OR	+ 280 =	0	
(Column 1) (Column 2) (Column 3)								TAL FEE	0	OR A	TOTAL DDIT. FEE	0	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R.A	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$_9	=	0	OR	x \$ <u>18</u> =	0	
	Independent (37 CFR 1.16(b))	*	Minus	***	:	=	x _4:	3 _	0	OR OR	x <u>86</u> =	0	
	FIRST PRESENTATION OF		AULTIPLE DEPENDE		NT CLAIM (37 CFR 1.16(d))		+ 14	10 =	0	OR	+ 280 =	0	
(Column 1) (Column 2) (Column 3)						T ADDI1	OTAL . FEE		OR _A	TOTAL DDIT. FEE	0		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R.	ATE_	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$_	9_=	.= '		x \$ <u>18</u> =	0	
	Independent (37 CFR 1.16(b))	*	Minus	***	-	=	x_4	3 _	0	OR OR	x <u>86</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] 1	40 =	. 0	OR	+ 280 =	0	
			OTAI T. FEE		OR _A	TOTAL DDIT, FEE	0						
*** If	the "Highest Nur	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Alexandria, VA 22313-1450